

BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

I. PLEASE CHECK THE TYPE OF APPLICATION:



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43015-1235

Phone/TDD: 614-410-4620
Fax: 614-410-4747
Web Site: www.dublin.oh.us

- ☒ Administrative Appeal (Code Section 153.231)
☒ Administrative ☐ Stream Corridor Protection Zone
☐ Building Construction
☐ Special Permit (Code Section 153.090)
☐ List Special Permit Type _____
☐ Variance (Code Section 153.231)
☐ Non-Use (area) Variance
☐ Use Variance
☐ Other (Please Specify): _____

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 4140 Tuller Road, Dublin, OH	
Tax ID/Parcel Number(s): 273-8381 -4150 Tuller Road	Parcel Size(s) (Acres): 4140 Tuller Rd portion 2871 SF of 10.023 acres of entire parcel
Existing Land Use/Development: BSC Office Residential District	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Same

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): Tesla Motors (tenant); Tulspec Properties LLC (property owner)	
Mailing Address: Midwest Property Tax, 744 Carle Ave., Lewis Center, OH (Street, City, State, Zip Code) 43035/CT Corporation System, 1300 E Ninth St, Cleveland OH 44114	
Daytime Telephone: (650) 681-5218	Fax: (650) 881-5200
Email or Alternate Contact Information: mmefford@TeslaMotors.com	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Tim Doran, President	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Columbus Auto Dealers Assoc. and members	
Mailing Address: 655 Metro Pl. S. #270, Dublin, OH 43017 (Street, City, State, Zip Code)	
Daytime Telephone: 614-766-9100	Fax: 614-766-9600
Email or Alternate Contact Information: tdoran@oada.com	

RECEIVED

13-061A4
JUN 26 2013

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: Michael L. Close/Thomas L. Hart		David A. Brown	
Organization (Owner, Developer, Contractor, etc.):		MLC/TLH - Isaac Wiles DAB - Stockamp Brown	
Mailing Address:		IW: Two Miranova Pl, Ste 700, Columbus OH 43215 (Street, City, State, Zip Code) SB - 5100 Parkcenter Ave, #100, Dublin, OH 43017	
Daytime Telephone:	IW: 614-221-2121 SB: 614-761-0400	Fax:	IW: 614-365-9516 SB: 614-761-0303
Email or Alternate Contact Information: thart@isacwiles.com/dbrown@stockampbrown.com			

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>N/A as this is a third party administrative appeal</u> , the owner, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this _____ day of _____, 20 _____

State of _____

County of _____ Notary Public _____

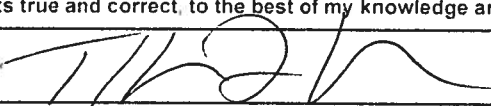
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>N/A (see above)</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative:	Date:

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for rezoning by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>N/A (see above)</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative:	Date:


IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>Thomas L. Hart/Michael L. Close/Davis A. Brown</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: 	Date: <u>6.26.13</u>

Subscribed and sworn to before me this 26 day of June, 20 13

State of OHIO

County of FRANKLIN

Notary Public 

NOTE: THE OWNER OR AUTHORIZED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION



Laurel M. Marazita
Notary Public, State of Ohio
My Commission Expires 04-25-2015

FOR OFFICE USE ONLY			
Amount Received:	Application No:	BZA Date(s):	BZA Action:
Receipt No:	Map Zone:	Date Received:	Received By:
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:			